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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36738

State File No.

FILED NOV 20 1948

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4468

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3516 Summit St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 1-13-1947
In this community 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Mary Annette Martin

3. (b) If veteran, name war no. 3. (c) Social Security No. no.
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased December 28, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 23 hr. min.

9. Birthplace Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation Retail Credit manager
11. Industry or business X

MOTHER, FATHER { 12. Name Lee Martin
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Anna Green (City, town, or county) (State or foreign country)
15. Birthplace Maryland (City, town, or county) (State or foreign country)
16. (a) Informant Orville H. Martin

(b) Address 3411 E. Coleman Ed. - K. C., Mo.
17. (a) Cremation (b) Date thereof 11-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235-Gillham Plaza, K. C., Mo.
19. (a) 11-2-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3411 E. Coleman Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1948 hour 11:55 minute A. M.
21. I hereby certify that I attended the deceased from Oct 27 to Nov 1 1948
that I last saw her alive on Oct 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to
Due to
Arteriosclerotic Cardiac years
Renal Disease

Major findings:
Of operations
Of autopsy 108
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work David B. Robinson
Specify type of place (City or town) (County) (State)
23. Signature David B. Robinson (M.D. or other)
Address 928 Prof. Bldg. KC 9 Mo. Date signed 11-2-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Dave B. Robinson

Craig Roberts, No 4479-
1st 3:30 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1415

P. O. Address B. C. 170

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.